Unadopted Minutes of the Primary Care Commissioning Committee
4 May 2016

Governing Body meeting O

7 July 2016

Author(s)	Katrina Cleary, Programme Director Primary Care
Sponsor	John Boyington, Chair Primary Care Commissioning Committee

Is your report for Approval / Consideration / Noting

Noting

Are there any Resource Implications (including Financial, Staffing etc)?

No resource implications outwith currently identified budgets

Audit Requirement

CCG Objectives

Which of the CCG's objectives does this paper support?
4. To ensure there is a sustainable, affordable healthcare system in Sheffield.

Equality impact assessment

Have you carried out an Equality Impact Assessment and is it attached?
Individual issues considered by the Primary Care Commissioning Committee will, when necessary, have Equality Impact Assessments carried out. Where appropriate EIAs have been carried out on specific agenda items.

PPE Activity

How does your paper support involving patients, carers and the public?
Individual issues considered by the Primary Care Commissioning Committee will determine how patients, carers and the public will be engaged.
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Recommendations

The Governing Body is asked to note the decisions of the Primary Care Commissioning Committee.

Sheffield Clinical Commissioning Group

Primary Care Commissioning Committee
Unadopted minutes of the meeting held in public on 4 May 2016
Boardroom, 722 Prince of Wales Road

Present:	Mr John Boyington CBE, Lay Member (Chair)
(Voting Members)	Mr Kevin Clifford, Chief Nurse (for part of the meeting)
	Professor Mark Gamsu, Lay Member
	Ms Julia Newton, Director of Finance
(Non Voting Members)	Dr Amir Afzal, CCG Governing Body GP
	Dr Nikki Bates, CCG Governing Body GP
	Dr Mark Durling, Chair, Sheffield Local Medical Committee
	Dr Trish Edney, Healthwatch Sheffield Representative
	Mr Graham Fell, Sheffield Director of Public Health
	Mrs Amanda Forrest, Lay Member
	Ms Victoria Lindon, Senior Primary Care Manager, NHS England
	Dr Zak McMurray, Medical Director
In Attendance:	Ms Sarah Baygot, Communications
	Ms Carol Henderson, Committee Administrator

Members of the public:
There were no members of the public in attendance.
A list of members of the public who have attended CCG Primary Care Commissioning Committee meetings is held by the Director of Delivery

Minute		**ACTION**
28/16	**Welcomes** The Chair welcomed members of the Sheffield Clinical Commissioning Group (CCG) Primary Care Commissioning Committee and those in attendance to the meeting.	
29/16	**Apologies for Absence** Apologies for absence from voting members had been received from Mrs Maddy Ruff, Accountable Officer. Apologies for absence from non voting members had been received from Dr Mark Durling, Chair, Sheffield Local Medical Committee Apologies from this people normally in attendance had been received from Mrs Katrina Cleary, Programme Director Primary Care.	

30/16 **Declarations of Interest**

There were no declarations of interest this month. The Chair advised members that in future not only would any conflicts of interested need to be noted but there would also need to be a note of action taken to manage this.

31/16 **Questions from the Public**

There were no questions from members of the public this month.

32/16 **Minutes of Previous Meeting**

The minutes of the meeting held on 1 April 2016 were agreed as a true and accurate record, subject to the following amendment:

a) Special Cases Communities Locally Commissioned Service (minute 23/16 refers)

Final sentence of seventh paragraph to read as follows:

He also suggested to include something saying where progress had been made but where underlying concerns remained.

33/16 **Matters Arising**

a) Conflicts of Interest (minutes 13/16(b) and 21/16(c) refer)

The Chair reminded the committee that, at the last meeting, he had reported that he had emailed voting members asking privately for their personal position and their view on whether, as an alternative to publishing information relating to which member practice in the CCG they were registered with, they would be content to disclose it to him as Chair so that he could be aware of any impending conflicts of interest. He reported that voting members had all disclosed this information to him.

b) Approval of 2016/17 Budgets (minute 22/16 refers)

The Director of Finance advised members that she and the Programme Director Primary Care planned to meet with the Chair of the Local Medical Committee (LMC) to discuss the primary care financial position, including the Quality Innovation Productivity Plan (QIPP). **KaC/JN**

34/16 **Proposed Closure of Greenhill Branch Surgery**

The Senior Primary Care Manager, NHS England, presented this report She explained that the proposed closure followed on from a merger of the former Meadowhead and Greenhill practices, now known as Meadowgreen Health

Centre, and part of that merger had included the proposal to close the Greenhill site. Prior to the merger, the practice had undertaken a patient consultation exercise, including discussions about a long term plan of rationalising the premises to two sites, to which no objections had been raised.

She advised the committee that Meadowgreen Practice have confirmed that they have the capacity to look after the total registered list at the other two sites – Old School site and Lowedges. She reported that for some time it had been recognised that the Greenhill building required significant refurbishment at a cost of approximately. £200k, which would far outweigh the value of the building. Thus, the recommendation was to ask that the committee supported the closure of the site. She explained that the property was owned by NHS Property Services (NHSPS), who would work with the CCG and NHS England on its disposal.

Professor Gamsu supported the recommendation. He commented that we should aspire, as a matter of course, to always bring the relevant practice Patient Participation Groups into meetings / consultations for issues such as this. He did not think that equality impact assessments (EIA) that had not been signed, as with the one included with this report, should be included in reports as it meant that it had not been through the CCG's processes. However, from the EIA that was attached it identified that closure of the site would have a neutral impact, which was not the case as patients would benefit from using better premises which would mean it would have a positive impact.

The Senior Primary Care Manager advised the committee that it was the practice had completed the EIA but would ensure that, for future ones, due process was followed, in liaison with the CCG's Programme Director Primary Care and Head of Governance and Planning.

The Healthwatch representative also supported the recommendation. However, her thoughts were that it should be part of the patient consultation process that a practice's intent should also be displayed on its website in addition to displaying notices in its premises and arranging meetings, which should capture some of those patients that do not visit their practice on a regular basis, etc, and give them a chance to comment.

Ms Forrest advised the committee that Low Edges, where the Greenhill site was located, was an area where a lot of work on community development had taken place. In this respect, she felt that it was not fair just to rely on the practice to communicate its intentions but to also use the voluntary and community groups and community development workers to offer assistance and support in ensuring that patients were aware of the service change.

The Director of Public Health suggested that, as a point of principle, we needed to ensure that this should apply to where there was going to be a change. Mr Boyington suggested that there should be some involvement from the CCG as commissioners as to what level of consultation we would expect. The Senior Primary Care Manager confirmed that all potential service changes required

appropriate patient engagement and consultation. Where a service change is agreed, a communications plan would then be agreed to ensure that patients were informed of the agreed change. The scope of the communications plan would be appropriate to the level of service change.

Ms Forrest asked if the CCG would be liable for the cost of the void space in the building until its disposal. The Senior Primary Care Manager responded that the CCG would be responsible for costs of void space in the interim period; however, the money from the sale of the premises would go back to the NHS but not specifically to the CCG.

Professor Gamsu commented that, as it was expected that there would more mergers and changes in general practice, it would be helpful to have guidance, both for the CCG and a practice to follow, on what we would expect in terms of good practice in terms of times of change.

Dr Afzal joined the meeting at this stage.

Ms Forrest asked if these kinds of costs and liabilities had been factored into the CCG's budgets this year. The Senior Primary Care Manager explained that changes could come about with premises, not necessarily due to mergers but through some practices looking at the best way to deliver services which could be by locating to one site, which could have cost implications. With regard to patient engagement and consultation, practices also have to state how they will be engaging with their patients and need to be able to demonstrate they given all their patients the opportunity to comment, and then to consider and reflect on their comments in deciding how they will move forward.

The Primary Care Commissioning Committee supported the closure of the Greenhill Health Centre site.

35/16 **Locally Commissioned Service – Delegation to Commissioning Executive Team (CET)**

The Medical Director gave an oral update. He advised the committee that a couple of Locally Commissioning Services (LCS) to be delivered by practices to support the QIPP, were being worked up. These would be shared with the LMC and hopefully practices within the next couple of weeks. He advised that, due to timing issues in that the committee would not meet again until the end of June, he was asking members for their delegated authority to the CCG's Commissioning Executive Team (CET) to sign off these LCSs on the committee's behalf.

The Chief Nurse commented that this should be done sooner rather than later, however, his thoughts were that the CET had a lot of GP members who would need to declare conflicts of interest, as they were employed in general practice.

The Chair expressed concerns about the committee delegating authority to other groups / forums. He advised members that he had spoken to the Programme Director prior to the meeting suggesting that she send a recommendation to the **KaC**

committee asking for their virtual approval, which should not delay the process by much more than a week. This process would require voting members to indicate their satisfaction or otherwise to the recommendation. Non voting members would also be welcome to comment. Members would need to be given a turnaround time of a couple of weeks from the email going out, copying everyone else into any queries they may have. The Medical Director reminded members that they would need to have conversations with the LMC and have co-production from that point of view, which would probably take until the end of May. The Chair asked that the committee be kept informed if there were any delays in this process and asked that the discussion with the LMC be included as part of the email they would receive. Members also asked to see a copy of the draft at the same time as it was sent to the LMC.

KaC/ZM

KaC/ZM

Dr Afzal commented that, as a working GP, he would want the LMC to make sure what general practice would be getting tied in to. The Medical Director advised that some practices were already working with the CCG on the assumption that something would be coming out.

Professor Gamsu commented that it would help to receive the LCSs virtually as it was difficult to make a decision on an oral update, and would probably not then have to go to CET.

The Director of Finance suggested that if there were any contentious issues raised an emergency meeting of the committee may need to be arranged. She also commented that this could be the biggest investment the committee would be asked to sign off.

The Primary Care Commissioning Committee approved the above suggested process.

36/16 **The Sheffield Alliance of the Willing: Building a Truly Local Health and Care System**

Professor Gamsu presented this report which provided members with a brief overview of the context, scope and intended outcomes of the Alliance of the Willing project and highlighted the progress to date. He advised members that the project had been running for 18 months and, although it currently a small piece of work, it had the potential to help the CCG and put it in a better position when thinking about and responding to health inequalities. Work undertaken to date included two research and round table discussion events that had taken place, attended by GPs and voluntary, community and faith (VCF) organisations. He advised the committee that the project was a process of evidence based enquiry, with regular short reports (which he would bring back to the committee), building on the good work that a range of GPs had already undertaken in the city, which would help inform our Primary Care Strategy (PCS). The ambition was that, as a committee, it should be one of the things they discuss as actions fall out of the PCS.

He advised the committee that the CCG had been able to provide a small amount

of funding (which Manor and Castle Development Trust were custodians of) which was being used to interview representatives from GP practices and VCF organisations in the most deprived areas of the city to identify the local challenges they faced meeting the health and wellbeing needs of their communities, identify the actions that would help to address these more effectively, and describe the interface of a service model. This work was progressing, with a report due to be published in the next few months. The second piece of work was a series of three round table events. An external expert from the University of Glasgow had been invited to attend the first event and had spoken about the work they were undertaking on tackling health inequalities.

He drew members' attention section 5 of his report and the key areas for action to tackle health inequalities, possibly under a 'Deep End' focus, identified so far by the project. Part of this would include two further events. One of these would be on education, to which he hoped a team of practices nurses from The Foundry, who were looking to support this work, would participate, a subsequent sounding board would involve The King's Fund.

Members raised and discussed the following issues.

The Medical Director commented that it was an important project, especially as there were unequal resources for unequal need and giving money to a practice did not always mean that the need would be met.

Dr Afzal commented that he was aware of this project, in his capacity as a working GP and his practice becoming a training practice.

The Director of Public Health supported a 'Deep End' focus, as it was about supporting the front line GP in those practices with the most deprived populations, which needed to be kept in mind as we move forward.

The Senior Primary Care Manager asked how engagement with the 'Unwilling' would be undertaken. She also asked how this would link in with the "*General Practice Five Year Forward View"* that had been published the previous week, and the potential funding streams in there. She commented that, in terms of the Primary Care Strategy, we need to make sure what we meant by primary care, ie if it was just general practice or all primary care services and, if the latter, how they form part of this. She also commented that there were practices that still have issues even if they are not in deprived areas of the city.

The Chief Nurse left the meeting. This meant that the meeting was not quorate at this stage.

Professor Gamsu commented that health inequalities was a real issue and that we should not and could not dictate to general practice. It was about creating an environment where our Membership says it was something they wanted to engage with. He commented that he personally was disappointed with the "*General Practice Five Year Forward View"* as it did not mentation health inequalities. The Senior Primary Care Manager explained, however, that it did

set out potential funding that might be available. .

Ms Forrest commented that it sounded like a good way of engaging and that it would be good if some of the 'push' to do it came from some of those practices. She advised that there was such a lot of energy from within the voluntary sector who were desperate to be harnessed to work with general practices, and if everyone was willing to work on the same agenda there was a fighting chance it would work. Professor Gamsu commented that it was crucial that we have this balanced approach, which was welcomed.

Professor Gamsu thanked members for their comments and the discussion. He would feedback members' comments to the team. **MG**

The Chief Nurse re-joined meeting at this stage. The meeting was now quorate.

37/16 **2016/17 Initial Budgets Update**

The Director of Finance presented this report which provided members with an update on the delegated primary care budgets (Appendix A), the CCG Local Commissioned budgets for 2016/17 (Appendix B), and an announcement from NHS England on implementing the 2016/17 GP contract (appended to the report for information).

She advised members of the key issues which included a significant uplift for GP core contracting to recognise the increase in practice expenses. This meant that c.1.2m, had been transferred from the reserves into the core contract budgets this month.

She drew members' attention to table 1: overall summary of resources and projected spend, which showed a considerable planned increase in spending on primary care services in 2016/17. She advised members that the CCG's Accountable Officer was keen to build up a full picture of what resources were going through to primary care from the CCG's main budget allocations, and from other avenues of funding, for example GP IT, medicines management, primary care development monies (the latter were not included at this stage but the committee needed to be sighted of this).

She advised the committee that the Chair of the Local Medical Committee (LMC) had previously raised concerns that some of this funding could be moved from primary care to other CCG budgets. She clarified that this was not the case and, indeed, anticipated a 6.8% increase in primary care spend, which she hoped people saw as positive.

In response to a question from Dr Afzal, the Director of Finance explained that the £40k allocation for GP training in the proposed Local Commissioned Service (LCS) budget (Appendix B) related to a historical training budget previously held by Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) which had transferred back to the CCG. Its use was agreed by the Locality Managers for training of non clinical staff in practices. However, the budget for Protected

	Learning Initiatives (PLI) training would also need to be included in this table as a separate line.	**JN**
	She also advised the committee that other lines could be added in for information, for example the CCG employed a number of pharmacists that support general practice. She also advised the committee that she would need to factor in future year's budgeting the revenue consequences for projects approved to be taken forward through transformation funding.	
	The Medical Director commented that, there was also a question of what profit, if any, a practice may make out of the LCS investment and this should be kept under review. The Director of Finance explained that it would be a significant piece of work for all the LCSs to be reviewed.	
	The Director of Public Health asked what the primary care investment was for the rest of Sheffield and if indicative figures were available. The Senior Primary Care Manager responded that NHS England still held and funded the core contracts for dentists, optometrists and pharmacists and would see if this was doable.	**VL**
	The Primary Care Commissioning Committee: • Approved the revised primary care budgets, noting the assumptions used to calculate the budgets. • Approved the Local Commissioned Service (LCS) budgets for 2016/17, noting the assumptions used to calculate the budgets.	
38/16	**Any Other Business**	
	Primary Care Commissioning Committee Terms of Reference	
	The Chair asked members if they would approve a slight change to the membership of the committee to reflect the role of the Programme Director Committee as an invited attendee at meetings	
	This was approved by the Committee.	
39/16	**Confidential Section**	
	The Committee resolved that representatives of the press, and other members of the public, be excluded from the following item, having regard to the confidential information being presented as part of the business to be transacted, publicity on which would be prejudicial to the public interest.	
40/16	**Date and Time of Next Meeting**	
	Wednesday 29 June 2016, 1.00 pm – 2.30 pm, Boardroom, 722 Prince of Wales Road	